

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036603

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 53

FILED OCT 2 1963

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 7000

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PRAIRIE TOWNSHIP</u>		c. CITY OR TOWN Kansas City	
Length of stay in lb 1 day		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>High View (Raytown) Rd.</u>		d. STREET ADDRESS (If outside, give location) 8424 Summit	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last GLENN WILSON BURK		4. DATE OF DEATH Month Day Year September 22, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-5-1910
9. AGE (last birthday) 53		10. BIRTHPLACE (City and state or country) San Angelo, Texas	
11. CITIZEN OF WHAT COUNTRY U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver		10b. KIND OF BUSINESS OR INDUSTRY K.C. Transit Co.	
13a. FATHER'S NAME Oscar Lee Burk		13b. MOTHER'S MAIDEN NAME Olive M. Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Mrs. Pearl Burk		Address 8424 Summit	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u> DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>1 yr</u>		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>Aug 1962</u> to <u>Death</u> and last saw her alive on <u>about 3 weeks prior</u> Death occurred at <u>5:30</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>William D. Hoeller, MD</u>		22b. ADDRESS 6400 Prospect KCMo 9/25/63	
22c. DATE SIGNED (State)			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-25-63	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar 20 W. Linwood		25. DATE RECD. BY LOCAL REG. 9-25-63	
		26. REGISTRAR'S SIGNATURE <u>W.B. Langford</u>	

(Licensed Embalmer's Statement on Reverse Side)

1961 8400

Em 3-2288

Nurse will call us
back!
Call Mr. at home aft. 1:00
Sk 1- 3818
3009 W. 48th Terr.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Hayd & Dickman

Licensed Embalmer No. 5120

P. O. Address K C 11, MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.